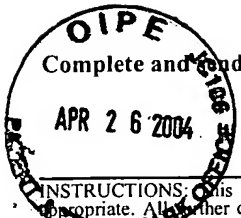


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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26574 7590 02/02/2004

SCHIFF HARDIN, LLP
 PATENT DEPARTMENT
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 CHICAGO, IL 60606-6473

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Steven H. Noll	(Depositor's name)
<i>Steven H. Noll</i>	(Signature)
April 21, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/079,019	02/19/2002	Heinz Horbaschek	P02,0048	5210

TITLE OF INVENTION: A UNIVERSAL X-RAY DEVICE HAVING A PIVOTALLY MOUNTED RADIATOR AND A DISPLACEABLY MOUNTED DETECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, ALLEN C	2882	378-197000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schiff Hardin LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Aktiengesellschaft

Münich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature)

Steven H. Noll

(Date)

4/21/04

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04/28/2004 FFANAI3 00000023 10079019

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